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Move About It:
Movement- Based Sexual Abuse Prevention Workshop for High Schools

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Thesis submitted to the faculty of Columbia College Chicago

in partial fulfillment of the requirements for

Master of Arts

in

Dance/Movement Therapy & Counseling

Department of Creative Arts Therapies

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Abstract

The purpose of Move About It, a movement-based prevention workshop was to increase awareness, knowledge, and empowerment for high school students by engaging in sexual abuse prevention education. This workshop will address: spatial awareness and boundary education, develop decision-making skills, create community safety plans, and bring awareness to sexual abuse through social media. The workshop developed through individual interviews with professionals with a background in high school aged youth, program development and implementation, trauma counseling, dance/movement therapy, school health, wellness and discipline in schools. Move About It is designed for dance/movement therapists to implement within a health class at a high school. The therapist will also provide drop-in counseling hours during the workshop, follow-up counseling after completion and connect students to resources in the school and community. Dance/movement therapy can enhance primary prevention education by incorporating the body-mind connection through experiential learning. The knowledge, awareness and empowerment gained through Move About It will address the gap in CSA education during this crucial time for adolescents.

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Kris Larsen, thank you for your consistent guidance and supervision. Guiding me to find faith in myself first and as a therapist second. I am truly grateful.

Dedication

I would like to dedicate this thesis to the young women of Fenger High School. They will forever be in my heart and have taught me more about womanhood than I could have ever imagined.

*Thank you
Ms. Wild*

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Chapter I: Introduction

Over the last few years working as a dance/movement therapist and counselor, I have met many adolescents dealing with the traumatizing effects of child sexual abuse (CSA). Every 8 minutes another claim is founded for child sexual abuse, by child protective services (RAINN, 2016). The Department of Health and Human Services found a strong indication that 63,000 children were sexual abused every year, with the majority between ages of 12-17 (2013). The importance of sexual abuse prevention education in high schools is crucial to address this vulnerable age group. CSA has a significant negative impact on our society, affecting individuals for years to come.

The definition of CSA according to the Child Abuse Prevention and Treatment Act of 2010 states:

The employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or the rape, and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children. (p. 111- 320) Child is defined as a person who has not attained the age of 18 (2013).

It is crucial to indicate that African-American children, American Indian children, Alaska native children, and children of multiple races and ethnicities experience the highest rates of child abuse or neglect (CAPTA 2010). For youth who identify as LGBTQ, rates of sexual violence are higher than heterosexual youth (NISVS, 2010). For transgender individuals and bisexual women an estimate of half will experience sexual violence at some point in their

lifetime (NISVS, 2010). Knowing all children are at risk but these populations are most vulnerable to sexual abuse this prevention workshop must be culturally aware of these communities, specific beliefs, values and risk factors in order to provide an effective workshop.

CSA is a widespread concern According to the Center for Disease Control and Prevention. Approximately 1-5 women (19.3%) in the United States have experienced rape or attempted rape in their lifetime and 43.9% have experienced other forms of sexual violence. Of women who have been raped, bisexual women (48%) and heterosexual women (28%) the event took place between the ages of 11 and 17 years old. Adolescence is clearly a vulnerable and critical time for prevention education on sexual violence (CDC, 2010). While women and LGBTQ identifying individuals are impacted the greatest, men are also affected by sexual violence. 10.8% have experienced unwanted sexual contact and 13.3% have experienced unwanted non-contact sexual experiences (2016).

High school is a very vulnerable time developmentally in balancing the social, academic and emotional changes during these years. If CSA was openly taught in high schools children and adolescents would be more prepared with the basic awareness and understanding that sexual abuse occurs as often as it does, and tools to help stay safe. Growing up, I was naïve to the threat of sexual violence and abuse and did not fully understand I too was a victim until gaining the knowledge as a college freshman in the back of a social work class.

I have worked with children and adolescents as a counselor over the last few years and see the need for more CSA prevention. I have worked within three systems: hospital inpatient child behavioral health center, two high schools providing counseling to female youth and implementing violence prevention education and a residential long-term inpatient setting for

adolescents. All were lacking prevention education specifically addressing sexual abuse to the entire population.

Awareness of CSA is growing with the rise of initiatives such as President Obama's Campaign to End Sexual Assault on Campus (VAWA, 2013) and Erin's Law (Anderson, 2014). Erin's Law was created by a social worker in Illinois with the mission to include child sexual abuse programs in schools from pre-kindergarten through 12th grade currently, 26 states have passed this law. With these new laws and policy changes, these programs will need to be implemented in an effective way to make the necessary impact. I hope to highlight the important role dance/movement therapy can play in prevention education in high schools.

Workshop Development

To address the gap in CSA prevention education for adolescents, I created a movement-based workshop for high school students: Move About It. The workshop is meant to supplement and enhance what is typically briefly discussed in the high school health class setting within the urban public school system in a major mid-western city. After working in two high schools providing mental health services, I know programs are most affective when adapted for each environment. This workshop is designed with flexibility in mind to meet the needs of the school, students, community and cultural identities.

Workshop Development Process

While working at high-risk urban high schools I implemented counseling programs specifically for individuals who identified as female. I gained a great deal of insight into many systems working to provide services to youth. The three main systems I witnessed connecting were: the public school system and the many challenges of academically supporting high-risk youth, mental health services in under resourced neighborhoods, and non-profits and various

organizations trying to fill in these gaps. I was fascinated by the collaboration needed that at times proved very challenging, however, all systems aimed to provide a holistic approach to supporting students.

Interviews

I conducted semi-structured individual interviews with professionals in each system that were recorded and transcribed. I then used a journal to note my reactions and thoughts directly after each interview as well as my own body sensations that I experienced. I then listened back to each interview twice noticing the main topics that we addressed to help narrow my focus. I utilized supervision throughout this process with a dance/movement therapist to help process my own experience along this journey, which was very healing. While this interview process was informal I believe this approach was appropriate for this topic. I was honored by the openness of the interviewees around such a sensitive topic and the time each person took to stay present and thoughtful about my project. I was given an incredible opportunity to brainstorm with these professionals and take a large and daunting idea and find the true purpose of this thesis: to educate: through movement, to empower, through movement and create awareness through movement.

I started with the school nurse in seeking a wellness perspective. She had over 30 years of experience and at the time she was split among five different schools. We began with the awe and terror of high schools without a health class and lack of resources in the community for how sick the children are. She shared the potential cultural barriers of the black community in reference to my workshop and child sexual abuse. Stating CSA is often kept a secret in the home from generation to generation, and opening up the conversation with the students would be very powerful in addressing the stigma and the ongoing cycle of abuse. She stated that I might feel

some resistance because speaking with someone outside of the home about the family is not typically supported culturally. We discussed choosing a workshop title that would be approachable and less intimidating and could then focus on bringing awareness to CSA. She stated that often those who have experienced CSA feel they are alone and starting the conversation at school could be very impactful. Discussion around emotional safety was insightful and she emphasized connecting students to the next steps in the school and in the community was crucial, and to not leave them alone after the workshop was finished. This conversation enhanced my understanding of workshop implementation and was a strong reminder that meeting the school, community and students *where they are* would help keep emotional safety at the forefront.

The second interviews were with high school administration, including teachers and the dean. The excitement for my proposed workshop was powerful and I was asked when I could implement. Themes from these conversations spoke to the importance of working with the school team in deciding how to best implement this workshop. Location, group size and transitioning safely back to class were all discussed for that particular school. The idea of connecting with the behavioral health team in the school was suggested to get the mental health professional's feedback and suggestions to support workshop implementation.

The dean discussed how this is a potentially triggering topic for many students and could manifest in various ways. The dean shared, many students experience a great deal of trauma and are typically functioning a state of hyperarousal and do not access coping skills easily at times. We discussed developing a trauma-informed behavioral support plan in case a student is struggling or not comfortable staying in the workshop. We discussed what these behaviors could look like for example: making jokes, being disruptive and how these could be handled in a

trauma-informed way. Together we brainstormed ideas such as, taking a walk with a teacher then returning to the workshop, providing coping skills within the workshop to help the students such as coloring supplies and set breaks. I was thankful for this perspective and noted this in the workshop packet for the therapist to plan ahead of time with the principle and the dean to develop a behavioral support plan.

Next I spoke with counselors from a non-profit organization as well as the program director of a school-based counseling and prevention program for girls. While they were currently giving an enormous amount of support to these urban schools it is impossible to cover all topics in-depth. They encouraged the use of movement and challenged me to keep it simple and really meet the schools needs. The director stated the most important skill she thought I could bring to the workshop was learning how to say “No” and practicing refusal skills. She discussed how saying “no” takes practice and listening to *your inner voice* to identify signals that tell you “this doesn’t feel right!” She provided excellent implementation ideas, for instance, partnering with an organization already working in the school, offering the workshop during spring break or an advisory period. Emphasizing that all schools are very different and working closely with the school to meet their specific needs was key to a successful implementation.

Finally, my interview with a dance/movement therapist brought creativity and reminded me to follow my intuition and training as a dance/movement therapist to notice how a movement-based workshop could develop. I shared my desire to educate, empower and bring awareness through movement but was struggling to identify specific goals for this large and intimidating topic. She expressed that if the workshop could encourage the students to slow-down and create a gap of time for the students to think the workshop would be a success. We discussed decision-making, body posture, polarities in the body and building body awareness to identify felt

sensations to then mobilize a response. She suggested preparing for what might come up from students and practice worse case scenarios and how the facilitator might react and respond. As a dance/movement therapist attuning to the room throughout the workshop would help provide emotional safety and gauge how the students are responding. She stated that the facilitator might be speaking for those who do not have their voice due to the trauma of CSA. This interview was very valuable in discussing interventions and confirming aspects of DMT that could greatly influence this movement-based workshop. This renewed my belief that dance/movement therapy could greatly enhance prevention education.

I slowly gathered different perspectives from these professionals and began diving deeper into the research on child sexual abuse and its impact, prevention programs and dance/movement therapy. I signed up for trainings on current CSA prevention, trauma-informed schools, the ACE study, and program implementation, searching for common themes and to build my own understanding. I continued to narrow my focus, and identified high school as the setting and age group in need of increased prevention. I had a knowledge base to start from with this population as my practicum and internship placements focused on adolescents as well.

This knowledge base allowed me to narrow themes and develop an overall goal of the workshop: To increase awareness, knowledge, and empowerment for high school students by engaging in movement – based sexual abuse prevention education. The four specific goals of the workshop were developed to address the main themes in the interviews. Goals of workshop:

1. Increase spatial awareness and personal boundaries knowledge.
2. Develop decision-making skills.
3. Create community safety plans.
4. Increase social media safety.

The workshop is designed to be facilitated by dance/movement therapists with support from the health teacher, dean of students and school-based mental health counselors if possible to ensure the counselor is able to work with administration and staff to set this workshop up for success and follow-up counseling is provided.

Clinical Theoretical Approach

I am a dance/movement therapist and counselor, cultivated through the Creative Arts Therapies program at Columbia College Chicago. I developed an immense passion for dance and performance at a young age, finding movement as my medium of expression and healing. My curiosity in individual's stories brought me to study counseling where I integrate many psychotherapeutic approaches. The foundation of this workshop titled Move About It was created with a trauma-informed lens, and dance/movement therapy theory to develop the body-based experiential learning workshop.

Chacian Dance/movement therapy. The American Dance Therapy Association defines DMT as the psychotherapeutic use of movement to further the emotional, cognitive, physical and social integration of the individual (2009). This integration of the mind and body is the key component of this workshop that adds another dimension to CSA prevention. Marian Chace is known as the mother of American DMT she developed these four core concepts: Body Action, Symbolism, Therapeutic Movement Relationship and Rhythmic Group Activity, which laid the foundation for dance/movement therapy.

The Chacian technique, group structure and core concepts greatly influenced the daily structure of the workshop however this workshop does not represent a Chacian dance/movement therapy group. Body action and the therapeutic movement relationship are two core concepts that

influenced this workshop. The Chace technique, which consist of: warm-up, theme development and closure provided the groundwork for this workshop daily structure.

Each day begins in the circle formation that Marian Chance believed to create a sense of security, visual contact of participants and equal sharing in space (Chaiklin & Schmais, 1979). The circle formation is used in the beginning and closing of each day to provide structure and a ritual for the workshop. This promotes both DMT and trauma informed principals by placing an emphasis on emotional and physical safety. In addition to the circle formation, each day begins and ends with movement as a check-in and checkout from the workshop to increase body awareness and integration in the body-mind. The amount of movement increases each session to promote larger full body integrated movements by the end.

Each session begins with a movement check-in, which develops into a body-part warm-up and increases the expressivity. This is a time to build group cohesion and establish Chace's core concept of body action. Marian Chace stated "through dance action, the patient gains mobility of the skeletal musculature. Recognizing the body parts, breathing patterns, or tension levels which block emotional expression" (S. Chaiklin & Schmais, 1979, p.17). During the movement check-in, the therapist can also attune to each youth and acknowledge and assess the students each day verbally as well as non-verbally through their movement. By attuning to the nonverbal communication of the individual, the dance/movement therapist can create and adjust the environment to facilitate the individual's optimal engagement (Tortora, 2006). During the session the therapist will utilize Chace's concept of therapeutic movement relationship by reflecting the students movements through own body or tone of voice to help validate the students experience.

My training in this these four concepts and Chace technique as a dance/movement

therapist provided a foundation to create the structure of the workshop. Not every concept is utilized in the workshop and cannot be considered a traditional Chacian dance/movement therapy group but the theory provided a structure to build upon to develop and appropriate group for the high school setting.

Trauma – Informed Approach and Culture. A trauma-informed approach and culture is crucial to therapeutic relationships as well as this workshop setting to ensure the students emotional safety is kept at the forefront. It is unknown what the students have experienced in their lifetimes and the topic of child sexual abuse is extremely sensitive and potentially triggering. Trauma refers to both the event and the particular response to the event. The experiencing of, understanding of, and healing from trauma varies among individuals, because we bring our own perspectives and strengths to our experiences (Proffitt, 2010).

The following five principles of trauma informed culture helped to inform this workshop: safety, trustworthiness, choice, collaboration and empowerment. To take a closer look at safety, both physical and emotional safety are addressed, developing clear boundaries and rules at the beginning of the workshop to be reviewed before any activities take place. The second principle is trustworthiness; this is fostered through clear directives and distinctive boundaries maintained through out the workshop. The third is choice; allowing for choice in activities, giving simple options. The fourth principle, collaborating, where the power can be shared with the students through group activities and input through out the workshop. For example in the final session, students develop skits based around social media safety and what they believe is important for other students to be aware of. Finally the fifth element is empowerment, where students build upon skills and find inner strengths culminating through more knowledge and skill based techniques to internalize (Proffitt, 2010). In addition to these five principles, cultural, historical

and gender awareness will also be added to further highlight the importance throughout the workshop implementation. To recognize historical trauma of a community, and stay open to all sexual orientations, religions, gender identities, and cultural needs of the workshop participants (SAMHSA, 2014).

Trauma-informed culture and approach are very similar in encouraging awareness on the facilitators' and organization's behalf to keep safety a priority. In addition to the principles of trauma-informed culture, these four key assumptions are expected in a trauma-informed approach:

1. Realization of trauma in organizations and individuals lives.
2. Recognized the signs and symptoms of trauma in clients, families, staff and others involved with the system.
3. Respond by fully integrating knowledge about trauma into policies, procedures and practices by creating a physically and psychologically safe environment.
4. Actively resist re-traumatization of clients and staff.

The trauma-informed culture and approach have been integrated into the development of Move About It and will be a continual conversation during the implementation phase.

Chapter II: Literature Support

Child sexual abuse is an overwhelming problem in our society today. While I am encouraged by the tireless work of those educating, investing in prevention efforts and healing those who have experienced this trauma, I see the need for more focus during the high school years and hope to contribute through this workshop. This literature support reflects the impact of CSA, prevention, dance/movement therapy and sexual abuse.

Impact of Sexual Abuse

The impact of sexual abuse is spread among our entire society, including all classes, genders and backgrounds. Child sexual abuse is traumatic, and the affects of trauma impact the brain and the body in a devastating way. For example trauma effects the brain neurobiology, social, emotional and cognitive impairment, causing severe health problems including early death, difficulty in forming relationships and often maladaptive coping skills (Bloom, 1997; Saxe, 1999; Perry 1995 Garbarino,2001). “Depending on the severity, frequency, nature, and pattern of traumatic events, at least half of all children exposed may be expected to develop significant neuropsychiatric symptomatology” (Schwarz and Perry, 1994).

Many studies have attempted to understand the affects of trauma and often, men are overlooked when the topic of sexual abuse is discussed, however all genders experience similar symptoms as victims of CSA. In a study of two groups of men and two groups of women who had been sexually abused as children, both participated in group therapy. The article presents that men also experience depression, dissociation, anxiety, somatization, relationship and sexual issues, denial, depression, lower self-esteem, shame, and guilt like female survivors of CSA (Bruckner & Johnson, 1987). Substance abuse, eating disorders, and sexual risk-taking behaviors have also shown more prevalent among female CSA survivors (PTSD.VA, 2011). Robert Anda

calculated that “eradicating child abuse in America would reduce the overall rate of depression by more than half, alcoholism by two thirds and suicide, IV drug use, and domestic violence by three quarters. It would also have a dramatic effect on workplace performance and vastly decrease the need for incarceration.” (Felitti, 2009,p. 150) These conclusions were gathered from the ACE study.

The Adverse Childhood Experiences Study (ACE; Felitti et al. 1998) clearly displays the long-term effects of CSA and childhood trauma. Kaiser Permanente’s Department of Preventive Medicine was the largest screening program in the world in 1998. Dr. Felitti was Chief of this department in San Diego and took note of a correlation between morbidly obese patients who had also been victims of childhood sexual abuse. He soon teamed up with Dr. Robert Anda who was working with the centers for Disease Control and Prevention (CDC) and developed the Adverse Childhood Experiences Study (ACE) to see the long-term impact childhood experiences had on public health problems (Felitti et al. 1998).

A survey of ten questions was developed over a year regarding two forms of abuse, (emotional or sexual abuse), two forms of neglect (emotional or physical), and household dysfunction including, (witnessing domestic violence, divorce, mental illness, addicted to substances, or someone in your household sent to prison). 25,000 patients were asked to complete the ACE questionnaire and 17,421 individuals responded. These individuals were mostly white, middle class and college -educated and had also undergone medical examinations. Felitti and his team of researchers found that adverse experiences and health concerns are interrelated. Findings also displayed that experiences are also co-occurring and “a strong relationship between the number of childhood exposures and the number of health risk factors add up to the leading causes of death in adults” (Felitti et al. 1998). The total score ranges from

zero to ten, and each adverse experience is counted as one point, 87% scored two or more adverse childhood experiences, as the ACE score rises so do the health risks.

In the ACE study about 20% of participants had been sexually abused, 26% of women and 15% of men. Felitti and his team found that the first effect of childhood trauma were noticed in school with more than half of those with scores of four or higher reported having learning or behavioral problems (ACE; et. al Felitti, 1998). While the ACE study can give enormous insight into many areas of concern in our society as a whole the impact child sexual abuse creates for our society and the individuals who suffer is difficult to fully grasp. With the heaviness that child sexual abuse creates, the struggle continues to advance impactful prevention programs.

Prevention

Many prevention programs are created with the goal of preventing societies most damaging public health concerns. Child sexual abuse is one of these major threats to the health and wellbeing of the victims. Nation, Crusto, Wandersman, Kumpfer, Seybolt, Davino (2003) founded the Principals of Effective Prevention Programs which include 9 characteristics consistent among reviewed programs. This study focused on content areas of primary prevention including, substance abuse prevention, risky sexual behavior, prevention of unwanted pregnancies and HIV/AIDS, school failure prevention and juvenile delinquency and violence in adolescents.

These nine principals include: Comprehensive, include varied teaching methods, provide sufficient dosage, were theory driven, provided opportunity for positive relationships, were appropriately timed, sociocultural relevant, well-trained staff and included outcome evaluation (Nation, et al. 2003). For example with the varied teaching method approach this includes “some type of active, and skill-based component” as well as a different teaching method other than

passive instruction. Dance/movement therapy influenced the movement-based experiential learning in this workshop. DMT often uses experiential learning through movement as a way for participant's to develop and practice new skills. Another principle that is key for an effective prevention programs is "Sociocultural Relevant". This is a very important aspect to consider in order for the workshop to be aligned and aware of cultural norms and beliefs for the school and community. I saw the importance of the culturally component in programs while working in different neighborhoods throughout the urban area. By conducting interviews with members of the school and surrounding community their input contributed to the cultural competence of the workshop to ensure it would be relevant to the audience. These nine elements provided a sort of check-list for the work shop I created to develop an effective primary prevention workshop (Nation et al. 2003).

Current School- Based Sexual Abuse Prevention Programs

Through my research on other school based sexual abuse prevention programs I have not come across another sexual abuse prevention program that incorporates a body-based or dance/movement therapy approach. According to U.S Department of Health and Human Services there are a total of eight programs that fall under Preventing Child Abuse and Neglect - School based Prevention Programs. Of those eight programs two are focused on prevention, while the other programs deal with the ramifications of abuse in the school and community. Speak Up Be Safe developed by Child Help, is a prevention education curriculum aimed toward children in grades 1-6 targeting child abuse, neglect and societal risks such as bullying and internet use however, this does not incorporate movement or the body, and is focused on a younger age group (Krysiak, 2011).

The second program called Preventing Violence in Relationships: Interventions across the life Span (Schewe, 2002). This program is for a broader range of ages but narrows to focus on relationship skills. Once again, this program does not include any movement or body awareness. The majority of programs I have come across in my research are for children roughly grades 1-6th. The few teen focused prevention programs include interventions such as the “buddy-system” and education about “date-rape” and crime prevention (Wooden, 2012). While these are important topics, I see a need for a program that can actively bring awareness, educate and strengthen this age groups defenses to sexual abuse. According to the National Sexual Violence Resource Center in a study focusing on what makes an effective sexual abuse prevention program, needs to include children as physically active participants (Davis & Gidycz, 2000). I believe this is the first step to connecting dance movement therapy and sexual abuse prevention. To include the mind-body connection would increase the physical of the workshop participants.

DMT Prevention Programs

Disarming the Playground is a curriculum developed by Rena Kornblum, a dance/movement therapist who created a movement-based curriculum for violence prevention in schools. Using movement to bring awareness to our physical reactions to help translate these to everyday use and further develop social and coping skills. This curriculum has also been affective in teaching protective behaviors such as defusing conflicts. Kornblum explains “all children experience, emotional states of powerlessness, which can range from the simple need to accept healthy limits from adults in charge, to more extreme situations involving abuse” (Kornblum 2002, p. 6). Kornblum’s curriculum exemplifies how dance/movement therapy can expand prevention in schools and make a positive impact.

Movement-Based Interventions

Dance/movement therapy can be an effective way to integrate mind and body through learning prevention skills and taking them from the classroom to the street. Rena Kornblum, a dance/movement therapist states physical experiences of moving with others, while respecting personal spatial boundaries are body level skills (Kornblum, 2002). By increasing these body level skills students gain a greater sense of body awareness further develop prevention awareness.

Chapter III: Move About It

To address the gap in child sexual abuse prevention education, I created a four-part workshop using dance/movement therapy theories and techniques to inspire movement –based experiential learning. The program is meant to supplement what is typically briefly discussed in the high school health class setting. This workshop is designed with flexibility in mind to meet the needs of the school, students and community culture.

The overall goal of the movement - based workshop is to bring awareness, educate, and empower high school students by increasing prevention education on sexual abuse. This program will address the mind-body connection used in dance/movement therapy by increasing spatial awareness and boundaries with others, decision-making, and social media safety. Throughout the workshop education on sexual abuse will be provided including the next steps after reporting for that specific school, and who to go to for support. Dance/movement therapist will facilitate this workshop within the high school they are working with to allow therapists, administration, and staff to set this workshop up for success and provide follow-up counseling and community resources.

Move About It

Movement-Based Sexual Abuse Prevention Workshop

This workshop is designed for dance/movement therapists working with high school aged youth. The overall goal of the movement-based workshop is to increase awareness, knowledge, and empowerment for high school students by engaging in sexual abuse prevention education. This program will address:

1. Spatial awareness and boundary education
2. Develop decision-making skills
3. Create community safety plans
4. Bring awareness to sexual abuse through social media safety.

Throughout the workshop, education on sexual abuse will be provided including the next steps after reporting for this specific school and community supports.

This workshop can be implemented in four 50min class periods during the health class setting. This workshop provides the therapist with experiential learning activities to approach the topic of child sexual abuse in a non-threatening and educational way. This workshop is not meant as a treatment for sexual abuse survivors but to allow counseling professional's tools to increase CSA prevention in schools. Below are tips and suggestions to aid in the implementation of the workshop.

School contact:

Building a relationship with a high school is crucial to workshop implementation success. Ideally the dance/movement therapist should be working in the high school currently or have previously built a relationship prior to beginning the workshop. A meeting with the principle, teachers and mental health staff on the campus is the first step to introducing this workshop. Therapist should attend the grade level meeting if possible to inform staff and teachers about this workshop. Be prepared to get to know what the needs of the school. Trauma-informed care begins here, to meet the school where they are at, instead of pushing an agenda. Be prepared to present workshop goals and structure.

Class size:

Approximately 30 students (or less) including teachers and support staff present and participating.

Behavior management plan:

Create a behavior management plan with dean and principle prior to workshop to prepare for students possible reactions to the subject.

Workshop goals:

1. Increase spatial awareness and personal boundaries knowledge
2. Develop decision-making skills
3. Create community safety plans
4. Increase social media safety

Why four sessions?

Four 50min sessions were developed to easily fit into a school day schedule with little disruption in the course layout designed by health and P.E teachers. It is crucial to meet with the teacher prior to the workshop and create the best plan for their classroom. Even though you may know most of the students already, they know their classroom. Be aware of time and plan for what will work in your environment including possible room changes. This could also involve breaking a session into two parts, however always begin and end with the circle structure.

Time:

Time estimates are given for each part of the workshop as an outline. Some activities may go faster or slower depending on the group.

Beginning and ending ritual:

Begin each day in a circle formation and end in a circle (sitting or standing). You will need to speak with the teacher and arrange the classroom ahead of time. This circle structure is influenced by Marian Chace and aims to provide safety, visual contact of participants, sharing in space and build trust. This group circle formation can inspire a sense of structure and safety in the workshop to begin and end each session as a ritual, reflecting DMT and trauma informed principals. However, this depends on your space and the group of students. Ask for feedback, as the circle could feel too vulnerable. The opening and closing ritual is most important to provide structure and predictability.

Movement ritual: Creates structure for beginning and ending by tuning into the mind- body connection to help clients learn about body signals and ways to check-in physically with self.

Materials (in order of use):

1. White board/large poster board (Group rules)
2. Journals or paper to use to reflect.
3. Art supplies (colorful markers, papers, ect...)

Trauma informed culture/approach:

It is very important to keep the five principals of a trauma informed program in mind throughout the entire workshop. It is my recommendation that these be apart of the "group rules" developed at the beginning of the workshop.

1. **Safety** – Address both physical and emotional safety by developing clear boundaries and rules at the beginning of the workshop and review before any activities take place.
2. **Trustworthiness** – Provide clear instructions, and stay consistent throughout the workshop. Use the opening and closing rituals to provide structure.
3. **Choice** - Allowing for choice within activities, giving simple options.
4. **Collaboration** - Where the power can be shared with the students through group activities and input throughout the workshop during discussion.

5. **Empowerment** - Students build upon skills and find inner strengths culminating through more knowledge and skill based techniques to internalize.
6. **Cultural, historical and gender consideration** - Recognize historical trauma of a community, and stay open to all sexual orientations, religions, gender identities, and cultural needs of the workshop participants

Talk with the students and use these as headings to address any other rules the group creates.

Developing group rules:

Developing group rules in the beginning of the workshop is crucial to group success and safety. Use the (above) trauma informed principles as structure, as well as group input. Involve the group in creating rules, by taking suggestions and having a *student write* rules on paper or white board.

Develop community safety rules:

During the final session students will develop personal community safety plans to take with them. Discussing community safety skills is an important aspect of prevention. This will vary on the location and community of the school however briefly discussing these points with the students to keep in mind and develop further. Examples: Route to take home, where they spend the night (thinking through risk factors), areas to avoid.

These four questions can be helpful reminders of safety for students:

- Who? (are you going with)
- Where? (are you going)
- How? (are you getting there)
- When? (you are coming back)

How to handle disclosure?

Be sure to address the workshop space as confidential and a safe place. Discuss disclosure as a group and state that your drop-in hours would be the best time to discuss personal stories. Explain that you will hold confidentiality unless there was a safety concern, then you would need to break confidentiality but would continue to be there as support. Create a "drop-in time" for students to see you in a private setting with any questions or concerns related to the workshop instead of sharing them with the entire class. Discuss this with the school administration and establish a plan if disclosure of sexual abuse occurs.

Possible challenges:

- Not every school has a mental health staff at the school full time.
 - Really get to know your school and speak with the teachers to know the realities of the community.
- Not every school has a health program.
 - Communicate with the school counselors, speak with the nurse and physical education teachers. Learn about other programs that have come to the school and the effectiveness.
- Due to the sensitivity of the subject, child sexual abuse could make you and students feel uncomfortable at times and this could be displayed through a variety of behaviors.
 - For example: disruptive behaviors, cause distractions in the classroom, disengage, appear withdrawn.
 - Internal and external ways of displaying behavior.
 - Prepare for this by discussing a trauma-informed plan with the dean if a student is unable to attend workshop due to behavior.
- Allow for options for students, while giving enough guidance and structure for emotional safety and predictability.
- Facilitator: practice opening session to become more comfortable with introducing CSA and what your transitions will look like.
- Be respectful of students knowing their own boundaries and self-care.
- Plan one rest break during each session, to allow for students to take care of themselves.
- Watch for warning signs in students and the room as a whole to stay within the window of tolerance.
- Practice personal self-care as the clinician after each group session.
- This work is important but not easy and taking care of YOU is key!

Session One: Spatial Awareness

Time: 50mins

Materials needed: White board or large paper. Journals.

Location: Gym or room with open space for full body movement.

Hello!

- 5 min - Begin: All youth together.....sitting in circle formation
 - Start: Introduce self and purpose of workshop to the class. Give drop-in times to students for additional support through out the workshop. Write out in-school resources on the white board.
 - Goal: Increase knowledge, awareness and education of child sexual abuse for high school students.
 - **Goals of workshop:**
 1. Increase spatial awareness and personal boundaries knowledge
 2. Develop decision-making skills
 3. Create individual and community safety plans
 4. Increase social media safety
 - Share the classroom format for the next four days and write it down. (This will be set by you and the teacher/administration ahead of time to ensure organization)

- 15 min - Group Introductions: Names + Move.....Circle standing
This is a time to break the ice and establish who is in the classroom.
 1. Form a circle, introduce “personal space”
 2. Go around the room one by one, stating name and a movement/gesture that represents their mood today. Have the group reflect this movement all together.
 3. Example: My name is Katie and I feel excited shoulder bounce then the entire circle reflects this gesture or movement. If a student does not have a movement, offer a gesture with their permission.

- 10min - Activity 1: Space
Introduction.....sitting
 - Define Kinesphere “the space that is mine” personal space
 - Small – near the body

- Medium – about elbow distance
 - Large – as far as the mover can reach
- Personal space distance varies from person to person: Family, community, culture, different relationships all change your personal boundaries. Finding your own comfort with space and others important to identify body signs, signals, internal sensations that indicate you may be uncomfortable.
- 8min - Create group rules..... Write on board/sitting
 - Use Trauma-informed principles to guide rules.
 - Disclosure and personal stories should be shared during drop-in hours.
 - Safety
 - Trustworthiness
 - Choice
 - Collaboration
 - Empowerment
- 10min - Briefly review: What do we know?.....sitting
 - Relate to current health class unit and introduce Child sexual abuse
 - Define CSA: The Department of Justice’s (DOJ) Office on Violence Against Women defines sexual assault as “any type of sexual contact or behavior that occurs without the explicit consent of the recipient.”
 - Discuss how “group rules”, “group introduction” and “personal space” activities relate to sexual abuse prevention.
(Space & boundaries)
- 10min – Ending.....sitting in circle
 - Reflect by journaling on worksheet.
 - Movement ritual:
 - End the group with the gesture students created during check-in and slow it down, and pair it with inhale and exhale. Finish as a group with one student’s movement if volunteered. The goal here is to help the student modulate through any emotions, process the workshop and regulate self before going about the rest of their school day.
 - Closure.

Notes:



Session Two: Boundaries

50min

Materials: Journals

Location: Classroom to begin then gym or one large space for activities.

- 5 min - Begin:.....Circle sitting
 1. State name and pass a rhythm around the circle (play with speed and creating a continuous sound to further develop group cohesion).
 2. Review purpose of workshop and goals:
 - a. Increase spatial awareness and personal boundaries knowledge
 - b. Develop decision-making skills
 - c. Create individual and community safety plans
 - d. Increase social media safety
 3. State plan for the day (write on board)

- 10 min- Activity 2: Walking the room (building awareness of space between self and others)
 - Students walk the space
 - Always remain one arms length away
 - Change speed, pattern and direction
 - What did you notice about your personal space preferences in a group?
 - **Transition** to next activity by spreading out in the room.
 - Discuss as a group how body posture can send a non-verbal message.

- 20 min - Activity 3: Explore body posture and body shape: First try: (concave and convex body postures) and then explore with guidance: (pin, wall, ball, screw).
 - Connect back to use of space notice Kinesphere with chosen body shape or posture.
 - Introduce the words: "No" and "Stop"
 - Explore as an entire group through movement embodying these words. (Facilitator: walk around the group and observe)
 - What does the word "No!" look like in your body? How about the word "Stop!" how can you embody these words?
 - Connect Kinesphere, body posture and shapes, now pair saying the word "No!" "Stop!" out loud with different body postures. (Encourage

expanding space, find length and grounding, stability and strength on a body level).

- Also try the opposite: Try pin, concave, and screw. Postures that enclose, less stability.
 - Try other words: Strong, open, independent, honest...
 - What do you notice in your body with these different shapes and words? (Journal)
 - Shake out the movement – find grounding as a group: (take three deep breaths).
 - Go around the room sharing a movement and word paired together. Integrating mind and body. (Only those who volunteer)
 - “Shake out” the movement and lead a brief stretch, and encourage recuperation (example: sip of water, take a breath)
- 10min – Ending.....sitting in circle
 - Discuss: (Journal or discuss out loud): What did you notice in your body when you brought use of space, shape and voice together?
 - Highlight the positives and negatives of the polarities in movements.
 - How did this experiential increase your ability to set boundaries?
 - Movement ritual:
 - Use the rhythm students created during check-in and slow it down and pair it with inhale and exhale. And finish as a group with one student’s movement if volunteered.
 - Closure.

Notes:

Session Three: Decision Making Skills

Time: 50min

Materials: Copies of worksheets, posters for corners of room for "Stay or Go" activity.

Location: Classroom to begin then gym or one large space for movement.

- 10min –Begin
 - Go over plan for the day (written on board)
 - Go around to each person by passing a full movement and group reflects movement. Transition to body-warm-up.

- 20min - **Activity 1: Decision making**.....standing
 - Begin with body warm up using Bartenieff Fundamentals as a guide: Breath, Core Distal, Upper Lower, Body-Half, Cross Lateral.
 - Discuss Body-Half and psychophysical connections with group.
 - Explore individually with a decision in- mind giving guidance and examples of a situation to use.
 - Ex: "Should I go home right after school today or go to my friends house?"
 - Transition to **"Stay or Go"** using scenarios. Nancy Toncy (BC-DMT) – REACH program
 - Develop scenarios as a group. Students can also write down and toss them in a hat. (have a few prepared ahead of time).
 - Stand up! Label one side of the room "GO!" and the other "Stay"
 - Read a scenario and students decide to stay or go?
 - Mobilize the response.
 - Finding hesitation in the body, take a moment to check- in with self.
 - What does "go" or "Stay" feel like?
 - Exaggerate whatever decision you make with your body (notice sensations) Commit to choice.
 - How do you make decisions? Becoming mindful around decision-making.
 - If a student doesn't make a choice that is okay too! What does that feel like?

- 10min – Ending.....sitting in a circle
 - Discuss:
 - Reflect on activity.
 - How was it after you made your decision?
 - What body signals did you notice that helped you choose.

- What motivated the movement?

Notes:

Session Four: Social Media Safety Savvy

Time: 50min

Materials: Paper to develop goals for social media.

Location: Classroom to begin then gym or one large space for movement.

- 20min - Activity 1: Social Media -Youth Driven!
 - Discussion: **Social Media Safety**
 - Staying safe on social media is important too.
 - Create your own boundaries for social media. Why is this important? Have students write down at least two goals for them and two for others around social media safety.
 - Example:
 - Goal for self: I will not comment on negative posts about others.
 - Goal for others: I will respect my partner's boundaries and not request their password.
 - Social media is personal and it is important to protect your identity.
 - Abusers may threaten to send personal pictures or copy conversations.
 - Persuade or force you to take part in sexual activities or conversations.
 - Giving consent online is important as consent in person.
 - Role- play/skit based small groups:
 - Create small groups to develop real ways of navigating social media. Each group chooses a topic or creates their own (facilitator approve). Focus on boundaries and staying safe (youth driven!)
Topic Guidance:
 - What are some examples of things to watch out for?
 - Password Sharing (skit)
 - Sharing Pictures: It is now open to the public not just to your "friends".
 - Privacy awareness.
 - Share and discuss as an entire group.
- 15min- Discuss and pass out "My Plan" worksheet (give coloring supplies if possible)
 - Take time to fill this out.

- Go over resources in the school, community, and online:
 - Be specific and honest about where students can go in each environment.
- 10 min - Develop and discuss **community safety plans**: (pass out paper, markers and pens)
 - What are some ways to stay safe in your community?
 - Who? (are you going with)
 - Where? (are you going)
 - How? (are you getting there)
 - When? (you are coming back)
- Resources:
 - Teenlink (teens talk to teens) 866-883-6546
 - Rape Abuse Incest National Network Hotline at:
 - Sexpert.org (chat service)
1-800-656-HOPE (4673)
 - Childhelp National Child Abuse Hotline at:
1-800-4-A-CHILD (800-422-4453)
- 5 min - Closing circle (use breath) and close with movement ritual.

Notes:

My Plan

"Tell until someone listens" - you deserve to feel safe.

Three people I can go to if boundaries are crossed (one adult):

- 1.
- 2.
- 3.

Thoughts after the workshop... (write/draw/doodle) ...

A few things I learned that I didn't know before...

Questions? Want to talk? Say hello? Come by Ms. Wild's office between 3-5pm drop-in hours.

Community Safety Plan

What are some ways to stay safe in your community?

Who? (are you going with)

Where? (are you going)

How? (are you getting there)

When? (you are coming back)

Social Media Safety Savvy

Goals to stay safe on Social media:

For self: (Examples: who to accept as a "friend", who to talk with on messenger?)

1.

2.

For others: (Examples: cyber bullying awareness what is your role?, sharing passwords)

1.

2.

Evaluation – Move About It

School: _____ Date: _____

1. Goals: Increase spatial awareness and personal boundaries knowledge.
- How were these activities helpful in learning about boundaries?

2. Develop decision-making skills.
What did you learn about your decision making process?

3. Create individual and community safety plans.
Is this tool helpful for staying safe in your community?

4. Increase social media safety
What did you learn about social media safety that you hadn't thought of before?

What is missing in this workshop for you?

Thanks!

Chapter IV: Discussion

During my thesis process I have experienced working in two different urban Midwest High Schools and one residential in-patient program for adolescents. All three environments display a need for sexual abuse prevention education. I hope my experiences are reflected in this workshop to provide a frame-work to elaborate on the health curriculum that is already established in these settings. This prevention workshop provides education on CSA and tools to encourage awareness through group activities and body-based experiential learning. This workshop dose not and cannot prevent child sexual abuse not was it created to process past CSA trauma.

Implementation

This workshop needs to be implemented by a dance/movement therapist with training in trauma-informed care, sexual abuse prevention, and program implementation. My hope is this workshop can provide a starting point to build upon the needs of each potential school or setting. The goals of the workshop are established through research and interview feedback however each community will have unique cultural considerations that will be addressed with the school prior to implementation. Witnessing programs with a separate agenda that do not work with the school staff and administration appear to have more resistance and are less affective overall. Through evaluation, the workshop will continue to evolve with feed back from students, school mental health resources as well as school administration involved in implementation.

Challenges and Cultural Considerations

This workshop is flexible enough to address an entire health class or a smaller group of targeted students. Potential changes to the workshop include the depth and length of each session, group size and location restrictions. These elements will be determined through a

meeting with administration and support counselors to determine school needs as well as convey a clear understanding of the workshop before implementation.

Concerns identified through interviews. The knowledge base about sexual abuse will vary based on school and community as well as stigma around CSA. This program was developed with the African American community in-mind as the high school I was working in was 99% African American. The majority of the individuals I interviewed had worked in this community for many years and also identified as African American. A theme of secrecy surrounding CSA was often brought to light through interviews however, a continued encouragement to decrease stigma was encouraged and supported but this is barrier I am likely to face with implementation in many communities.

I also learned through interviews that not every school has a health program and not every health program covers sexual abuse. I also learned that often teachers and administration become creative in providing resources and prevention education through class presentations, assemblies, and after school programs. Move About It is adaptable to many environments however I would not recommend a class larger than 30 students at a time with support staff. Knowing what the school is currently providing for prevention education is crucial to introducing this workshop.

Gender. Throughout my interviews with professionals working with adolescents a consistent theme arose to recommend separating students based on gender during this workshop. The main concern for the separation was around maturity level and possible triggers. After careful consideration I chose to develop Move About It with a gender-neutral approach supported with a trauma informed lens. I believe this approach is possible, and more inclusive to all individuals who may identify outside of assigned sex. This topic was discussed with the

interviewees' early in the creation phase and moving forward there would be a conversation with each school to determine participants and group size.

Movement-Based Experiential Rational

“Movement integrates and anchors new information and experience into our neural networks. And movement is vital to all the actions by which we embody and express our learning, our understanding and ourselves” (Hannaford, 2013 p.107). The movement-based elements of the program are what bring this prevention education to life, and give experience to the lessons learned. Through the workshop breath, spatial awareness, boundaries, and decision-making on a body level all integrate to enhance CSA prevention. These elements chosen for this workshop were discussed in the interviews as well as supported through the literature.

Breath. Dance/movement therapists often utilize the basic movement quality of breath to initiate body awareness, “Breath is the key to life, movement and rhythm” (Hackney, 2002, p.51). Breath is used as a ritual throughout the workshop to end each day. Breath can help to increase emotional regulation after processing the activity and information from the session before returning to class. Breath is a way to cue into the autonomic nervous system, which is our survival system regulating arousal through out the body. When we inhale the sympathetic nervous system (SNS) informs the brain to take action with adrenaline and raises the heart rate, then as we exhale the parasympathetic nervous system (PNS) regulates body systems with acetylcholine such as digestion and sleep cycles and decreases the heart beat (Van Der Kolk, 2014). Using breath at the end of the workshop is a way to increase emotional and physical regulation with the sensitive subject of CSA.

The experiential nature of dance/movement therapy is the foundation of this workshop, engaging the body-mind connection. “Movement can engage physiological processes related to

emotion and make them potentially more available to the conscious mind” (Homann, 2010 p.84). Along with breath to help regulate emotions students are also encouraged to journal and discuss at the end of each session to further process their experience.

Spatial awareness. A goal of this workshop is to increase spatial awareness and personal boundary education. “Only by getting in-touch with your body, by connecting viscerally with your self, can you regain a sense of who you are, your priorities and values” (Van Der Kolk, 2014, p. 249). Laban Movement analysis (LMA) gives us a way to understand and discuss movement. Rudolf Laban defined space in two ways, personal space also known as kinesphere, which is the space that one occupies and that we always carry with us. The second is, general space that surrounds the body (Torora, p.151). While the topic of space in movement can become complex the workshop includes aspects that relate to understanding ones own boundary with others. The Kinesphere can be defined physically through the actual space surrounding a person; near, elbow distance or as far as the mover can reach. And psychologically, the space “senses is hers or his, the space they affect” (Hackney, 2002, p. 223). Bringing discussion, activity and experiential learning to the topic of boundaries the workshop can build on skills of space awareness.

Decision-making. Bartenieff Fundamentals are a way to “pattern inner connective pathways in the neuromuscular system” (Hackney, 2002 p.31). The Body-Half Connectivity directly relates to decision-making, which is one of the goals for the workshop. Body-Half, or the relationship between each side of the body is often where we feel conflict within ourselves. Identifying what decision-making feels like in the body can provide an effective tool for the adolescents in this workshop in building the skills need to identify both sides and move forward with integration of both sides to come to a central decision.

Evaluation

Formative evaluation is recommended to improve the workshop during the implementation and development phase (Mertens, 2005). Students, staff and administration involved in implementing Move About It will all be asked to evaluate the workshop through discussion and written feedback, as seen in attached workshop evaluation. This workshop will evolve with each implementation. Student feedback will be extremely helpful to continue improving on this workshop. I look forward to bringing this workshop to life and sharing this knowledge with the adolescent population.

References

- American Dance Therapy Association (2009). What is dance/movement therapy?
Retrieved September 2014, from www.adta.org
- Anderson, G. D. (2014). Child Sexual Abuse Prevention Policy: An Analysis of Erin's Law. *Social Work in Public Health, 29*(3), 196-206.
doi:10.1080/19371918.2013.776321
- Basile, K.C., DeGue, S., Jones, K., Freire, K., Dills, J., Smith, S.G., Raiford, J.L. (2016). *STOP SV: A Technical Package to Prevent Sexual Violence*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Bernstein, B. (1995). Dancing beyond trauma: Women survivors of sexual abuse. In Levy, F.J. (Ed.), *Dance and other expressive art therapies: When words are not enough* (pp. 41-58). New York, N.Y: Routledge Press.
- Bruckner, D. F. & Johnson, P.E. (1987). Treatment for adult male victims of childhood sexual abuse. *Social Casework: The Journal of Contemporary Social Work, 68*, 81-87
- Bloom, S. L., & Farragher, B. J.(2013). Restoring sanctuary: A new operating system for trauma-informed systems of care. Oxford: Oxford University Press.
- Charles Wilson, Donna M. Pence, and Lisa Conradi
Subject: Clinical and Direct Practice, Health Care and Illness, Children and Adolescents, Mental and Behavioral Health
Online Publication Date: Nov 2013
DOI: 10.1093/acrefore/9780199975839.013.1063

The Centers for Disease Control and Prevention's (CDC) National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Findings on Victimization by Sexual Orientation is the rest of its kind to present comparisons of victimization by sexual orientation for women and men.

https://www.cdc.gov/violenceprevention/pdf/cdc_nisvs_victimization_final-a.pdf

Child Abuse Prevention and Treatment Act as Amended by P.L. 111-320, the CAPTA Reauthorization Act of 2010

Retrieved from <https://www.acf.hhs.gov/sites/default/files/cb/capta2010.pdf>

Child sexual assault, prevention rape/sexual assault, NSVRC Publications and Guides (2011). *Child sexual abuse prevention: Programs for children*. National Sexual Violence Resource Center

Child Welfare Information Gateway. (2011). About CAPTA: A legislative history.

Washington, DC: U.S. Department of Health and Human Services, Children's Bureau

Cruz, R., & Berrol, C., Forinash. (2004). Qualitative data collection and analysis. *Dance/movement therapists in action*.

Davis, M.K., & Gidycz, C.A (2000). Child sexual abuse prevention programs: A meta analysis. *Journal of Clinical Child & Adolescent Psychology*, 29,257-265.

Erin's Law (2015, June 12). Retrieved March 15, 2015, from

<http://erinslaw.org/about/what-is-erins-law/>

Felitti, V. J. (2009). Adverse Childhood Experiences and Adult Health. *Academic Pediatrics*, 9(3), 131-132. doi:10.1016/j.acap.2009.03.001

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., .

- . . Marks, J. S. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine, 14*(4), 245-258. doi:10.1016/s0749-3797(98)00017-8
- Gibson, L. E., & Leitenberg, L. (2000). Child sexual abuse prevention programs: Do they decrease the occurrence of child sexual abuse? *Child Abuse and Neglect, 24*, 1115 – 1125.
- Geoffrey B. Saxe, Kenton de Kirby, Cultural context of cognitive development, *Wiley Interdisciplinary Reviews: Cognitive Science, 2014, 5, 4, 447*
- Garbarino, J. (2001), An ecological perspective on the effects of violence on children. *J. Community Psychol., 29: 361–378. doi:10.1002/jcop.1022*
- Hannaford, C. (2013). *Smart Moves Why Learning Is Not All In Your Head. Alexander: Great River Books*
- Homann, K. B. (2010). Embodied Concepts of Neurobiology in Dance/Movement Therapy Practice. *American Dance Therapy Association, 32, 80-99. doi:10.1007/s10465-010-9099-6*
- Kornblum, R. (2002). *Disarming the playground: Violence prevention through movement and pro-social skills. Oklahoma City, OK: Wood & Barnes Publishing.*
- Krysik, J. (2011, July). *Child help: Speak up be safe.* Retrieved from http://www.speakupbesafe.org/philosophy_approach.html
- Mertens, D.M. (2005). Research and evaluation in education and psychology: Integrating Diversity with quantitative, qualitative, and mixed methods. Thousand Oaks, CA., Sage Publications, Inc.

National Center for PTSD. (2011). Men and sexual trauma. Retrieved from:

<http://www.ptsd.va.gov/public/pages/men-sexual-trauma.asp>

Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., & Davino, K. (2003). What works in prevention: Principles of Effective Prevention Programs. *American Psychologist*, 58, 449-456.

Prepared for the Centers for Disease Control and Prevention, Division of Violence Prevention

(n.d.). Retrieved January 15, 2017, from <https://www.rainn.org/statistics/scope-problem>

Obama Signed the Violence Against Women Reauthorization Act of 2013

<https://www.whitehouse.gov/issues/women>

Profitt, B. (2010, December). *Delivering trauma-informed services. Healing Hands*,

14(6). Retrieved from the National Health Care for the Homeless Council:

<http://www.nhchc.org/wp-content/uploads/2011/09/DecHealingHandsWeb.pdf>

Perry, B.D. (1995) Evolution of symptoms following traumatic events in children.

[Abstract] Proceedings of the 148th Annual Meeting of the American Psychiatric Association, Miami

Radford, L. et al (2011) Child abuse and neglect in the UK today.

Schewe, P. A. (2002). *Preventing violence in relationships: Interventions across the life span*. (2nd ed.). Washington, DC, US: American Psychological Association.

Smith, D., Letourneau, E. J., Saunders, B. E., Kilpatrick, D. G., Resnick, H. S., & Best, C. L. (2000). Delay in disclosure of childhood rape: Results from a national survey. *Child Abuse & Neglect*, 24, 273-287

Tortora, S. (2006). *The dancing dialogue: using the communicative power of movement With young children*. Baltimore: Paul H. Brookes Publishing Co.

United States Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. Child Maltreatment Survey, 2012 (2013)

U.S Department of Health and Human Service, Child Welfare information Gateway. (n.d.). *Child abuse and neglect prevention/family support program logic model* Friends National Resource Center for Community based child abuse prevention.

Van der Kolk, B. A. (2015). *The body keeps the score: Brain, mind, and body in the healing of trauma*. NY, NY: Penguin Books.

Wooden , K. (2012). *Teen lures tv newscast school program* . Retrieved from Child Lures Prevention website: <http://www.childluresprevention.com/grades7-12/index.asp>